

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/519942

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		1	12/29/04	\$ 50
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 50	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> No Fee Due (Explanation):		9 0 2 -- 2 4 4 8		

10 REASON:

<input checked="" type="checkbox"/> Overpayment
<input type="checkbox"/> Duplicate Payment
<input type="checkbox"/> No Fee Due (Explanation):

8 TO BE REFUNDED BY:

Treasury Check

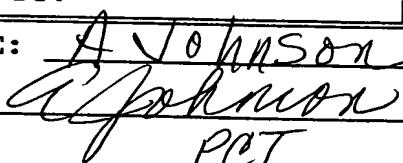
 Credit Deposit A/C #:

9 0 2 -- 2 4 4 8

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. Johnson

TITLE: paralegal

SIGNATURE: 

PHONE: 308-9140

OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B